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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10580758 | <b>Applicant(s)/Patent Under Reexamination</b><br>BELL, MALCOLM |
|   | <b>Examiner</b><br>PAUL R DURAND           | <b>Art Unit</b><br>3721   |

| ORIGINAL           |                                   |          |       |       |  | INTERNATIONAL CLASSIFICATION |   |   |   |                  |             |  |  |  |  |
|--------------------|-----------------------------------|----------|-------|-------|--|------------------------------|---|---|---|------------------|-------------|--|--|--|--|
| CLASS              |                                   | SUBCLASS |       |       |  | CLAIMED                      |   |   |   |                  | NON-CLAIMED |  |  |  |  |
| 53                 |                                   | 526      |       |       |  | B                            | 6 | 5 | B | 1 / 24 (2006.0)  |             |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |       |       |  | B                            | 6 | 5 | B | 63 / 02 (2006.0) |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
| 53                 | 58                                | 500      | 131.1 | 136.4 |  |                              |   |   |   |                  |             |  |  |  |  |
| 206                | 565                               | 499      | 807   |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |
|                    |                                   |          |       |       |  |                              |   |   |   |                  |             |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 16    | 17       | 32    | 33       | 48    | 49       |       |          |       |          |       |          |       |          |
| 2   | 2        | 17    | 18       | 33    | 34       | 49    | 50       |       |          |       |          |       |          |       |          |
| 3   | 3        | 18    | 19       | 34    | 35       | -     | 51       |       |          |       |          |       |          |       |          |
| 4   | 4        | 19    | 20       | 35    | 36       | 20    | 52       |       |          |       |          |       |          |       |          |
| -   | 5        | -     | 21       | 36    | 37       | 21    | 53       |       |          |       |          |       |          |       |          |
| 5   | 6        | -     | 22       | 37    | 38       | 22    | 54       |       |          |       |          |       |          |       |          |
| 6   | 7        | 24    | 23       | 38    | 39       | 23    | 55       |       |          |       |          |       |          |       |          |
| 7   | 8        | -     | 24       | 39    | 40       | 50    | 56       |       |          |       |          |       |          |       |          |
| 8   | 9        | 25    | 25       | 41    | 41       | 51    | 57       |       |          |       |          |       |          |       |          |
| 9   | 10       | 25    | 25       | 42    | 42       |       |          |       |          |       |          |       |          |       |          |
| 10  | 11       | 27    | 27       | 40    | 43       |       |          |       |          |       |          |       |          |       |          |
| 11  | 10       | -     | 23       | 40    | 44       |       |          |       |          |       |          |       |          |       |          |
| 12  | 13       | 28    | 29       | 44    | 45       |       |          |       |          |       |          |       |          |       |          |
| 13  | 14       | 29    | 30       | 45    | 46       |       |          |       |          |       |          |       |          |       |          |
| 14  | 15       | 30    | 31       | 46    | 47       |       |          |       |          |       |          |       |          |       |          |
| 15  | 16       | 31    | 32       | 47    | 48       |       |          |       |          |       |          |       |          |       |          |

|   |            |                              |                   |
|---|------------|------------------------------|-------------------|
| NONE  |            | <b>Total Claims Allowed:</b> |                   |
|   |            | 39                           |                   |
| (Assistant Examiner)                              | (Date)     | O.G. Print Claim(s)          | O.G. Print Figure |
| /PAUL R DURAND/<br>Primary Examiner.Art Unit 3721 | 03/13/2009 | 1                            | 2, 3              |
| (Primary Examiner)                                | (Date)     |                              |                   |